

Quarterly Stormwater Industrial Facility Inspection Report

General Information			
Facility Name	Frederick County Highway Operations – Urbana Satellite Facility		
NPDES Tracking No.	MDE Permit 02SW1893		
Date of Inspection	3/19/13	Start/End Time	7:30 AM - 8:30 AM
Inspector's Name(s)	GARY SHANKIE		
Inspector's Title(s)	FOREMAN		
Inspector's Contact Information	240-674-1515		
Weather Information			
Weather at time of this inspection?			
<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input checked="" type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other: Temperature: 36°			
Have any previously unidentified discharges of pollutants occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
Are there any discharges occurring at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			

Control Measures

- The structural stormwater control measures identified in your SWPPP on your site map are listed below. Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Stormwater Pond	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Small trees growing were removed.
2	Drainage Swale	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement	Added Rip/RAP to small area that was eroded
3	Outfall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	Construction Entrance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Added 22.54 Ton of #2 Stone to Construction ENTRANCE

Areas of Industrial Materials or Activities exposed to stormwater

Below is a list of areas that should be assessed during the facility's routine inspections.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
POLE BARN - VEHICLE/TRUCK STORAGE				
1a	Spills and Leaks:			
	Is there evidence of spills/leaks (i.e. staining on ground, absorbent materials)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Have any spills/leaks been recorded for this area since the last inspection? If so, were they addressed and reported properly?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Are spill kits available and filled for use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Are drip pans available for use for leaking vehicles?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
1b	Minimize Exposure:			
	Are any materials, drums, containers exposed to precipitation? If so, are they sealed and labeled properly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Is secondary containment provided for all 55 gal drums?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	There are no 55 GAL Drums on sight
1c	Good Housekeeping:			
	Are all materials organized and stored in an orderly fashion?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Are all containers properly sealed and labeled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Has all waste been disposed of properly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
OUTDOOR DUMPSTERS				
2a	Spills and Leaks:			
	Is there evidence of spills/leaks (i.e. staining on ground, absorbent materials)? Do dumpsters appear to be leaking?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Have any spills/leaks been recorded for this area since the last inspection? If so, were they addressed and reported properly?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Are spill kits available and filled for use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2b	Minimize Exposure:			

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
	Are any materials, drums, containers exposed to precipitation? If so, are they sealed and labeled properly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NON POTABLE WATER TANK IS LABELED WITH black PERMANENT MARKER
	Are dumpster lids closed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Are dumpsters in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2c	Good Housekeeping:			
	Has all waste been disposed of properly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SALT BARN				
3a	Spills and Leaks:			
	Is there evidence of spills/leaks on the pad outside of the barn?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Is Caliber M1000 storage tank protected and in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Have any spills/leaks been recorded for this area since the last inspection? If so, were they addressed and reported properly?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Are spill kits available and filled for use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3b	Minimize Exposure:			
	Is all salt and Anti-Skid aggregate contained within the salt barn?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3c	Good Housekeeping:			
	Has the lot been swept since the last inspection? If so, when?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NOT SURE OF DATE
STORAGE TRAILER				
4a	Spills and Leaks:			
	Is there evidence of spills/leaks (i.e. staining on ground, absorbent materials)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Have any spills/leaks been recorded for this area since the last inspection? If so, were they addressed and reported properly?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Are spill kits available and filled for use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4b	Minimize Exposure:			
	Are any materials, drums, containers exposed to precipitation? If so, are they sealed and labeled properly?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements: